DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/13/2021 FORM APPROVED OMB NO. 0938-0391

A BUILDING CORRECTION DEPOTITION NUMBER: 435101 NAME OF PROVIDER ON SUPPLIER GOOD SAMARITAN SOCIETY CANTON SIAMMAY STATEMENT OF DEPICIENCES (EACH DEPICIENCY MUST SEE PRECEDED BY FILL TAG. FORTY TAG. FORTY TAG. FORTY TAG. INITIAL COMMENTS Surveyor. 29354 A compliant health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 12/7/21 through 17/8/21. Areas surveyed included quality of care and freatment, pressure ulcors, skin and wound saves, restorative nursing services, discharge planning, pain, beneficiary notice, and professional standards. Good Samaritan Society Canton was found in compliance.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY CANTON (XA) 10 (XA)				A. BUILDI					
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY CANTON CATION, SD 57013 SUMMARY STITEMENT OF RESIDENCIES FROM REPOLATION OR LSC DENTIFYING INFORMATION) FROM INITIAL COMMENTS Surveyor: 29354 A complaint health survey for compliance with 42 CFR Part 438, Subpart B, requirements for Long Term Care facilities, was conducted from 127/121 through 128/121. Areas surveyed included quality of care and treatment, prairs ure unlocked quality of care and treatment, pain, beneficiary notice, and professional standards. Good Samaritan Society Carton was found in compliance.			435101	B. WING		12			
PREETX TAG REGISTION OF LIST DEPOTE PRECEDED BY FULL REGULATORY OR LIST DEPOTE PROPERTY TAG REGISTION OF LIST DEPOTE PROPERTY TAG REGISTED OF LIST DEPOTE PROPERTY TA	NAME OF PROVIDER OR SUPPLIER				1022 NORTH	H DAKOTA AVENUE			
Surveyor: 29354 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 12/7/21 through 12/8/21. Areas surveyed included quality of care and treatment, pressure ulcers, skin and wound issues, restorative nursing services, discharge planning, pain, beneficiary notice, and professional standards. Good Samaritan Society Canton was found in compliance.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE	SHOULD BE	COMPLETION	
Questin Jones, LNHA 12/13/2021		Surveyor: 29354 A complaint health su CFR Part 483, Subpa Term Care facilities, v through 12/8/21. Area of care and treatmen wound issues, restora discharge planning, p professional standard	arvey for compliance with 42 art B, requirements for Long was conducted from 12/7/21 as surveyed included quality t, pressure ulcers, skin and ative nursing services, pain, beneficiary notice, and ds. Good Samaritan Society	F				12/13/2021	
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete EC 1 2021 Event ID: D0Z911